## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

Establishment Name KROGER #744							elephone Number	Date of Inspection	ID#	
Address 2864 CHARLESTOWN ROAD, NEW ALBANY IN 47150							812-944-7016 615-232-9507	10/15/2020		
Owner KROGER BUSINESS LICENCE						Purpose X Routine		Follow Up	Released 10/25/2020	
Owner's Address P.O. BOX 305103 NASHVILLE, TN 37230-							Follow-up Complaint			
Person in Charge LINDSEY "BROOKE" RATLIFF							Pre-Operational	. T		
Responsible Person's Email BROOKE.RATLIFF@JAY-C.COM						_ 	Temporary HACCP	Menu Type  1 2 3	4 <u>X</u> 5 _	
Certified Food Handler  LINDSEY RATLIFF DIANE L LUHRSEN  BRYAN P HASENSTAB							Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"										
Section #	# C NC R Narrative To Be Corrected									
297	)	X		Observed produce nozzles to be moldy/viscus drippings				CORRECTED		
324	)	Χ		Observed recieving plumbing to have pressure drip leak.				1 WEEK		
324	)	X		Observed deli handsink #1 sensor to be out of battery. Use handsink #2 TODAY						
310	,	X	Х	until repaired.  Observed ceiling exhaust vent over bakery and deli to be dusty.  CORRECTED						
413		^ X	^	_	m/horizontal gap on re	1 WEEK				
431		X			ckaging shelves to be n	CORRECTED				
431		X		_	oris in corners and seam	1 WEEK				
Summary of Violations C 0 NC 7 R 1										
Received by (name a	and title	prin	ted):			Inspected by (name and title printed):				
LINDSEY RATLIFF							A.J. Ingram CHIEF FOOD SPECIALIST			
Received by (signature):						Inspected by (signature):				
cc:					cc:	-1		cc:		